**FEC** 

Only

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. NIAC ACTION PAC 1629 K ST NW ADDRESS (number and street) SUITE 503 (Check if address is changed) WASHINGTON 20006 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS nilofar@niacaction.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) https://niacactionpac.org (Check if address is changed) DATE 20 2021 C00710764 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Abdi, Jamal, , , Type or Print Name of Treasurer Abdi, Jamal, , , [Electronically Filed] 04 20 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

	EEC <b>Eo</b>	rm 1 (Revised 02/2009)	Page <b>2</b>			
		OMMITTEE	raye <b>z</b>			
Can	ndidate	Committee:				
(a)		This committee is a principal campaign committee. (Complete the candidate information below.	)			
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
Nam Cand	e of didate					
	didate / Affiliati	Office Sought: House Senate President	State			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Nam Cand	e of didate					
Par	ty Con	nmittee:	(5)			
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
Poli	tical A	ction Committee (PAC):				
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:				
		Corporation Corporation w/o Capital Stock	Labor Organization			
		Membership Organization Trade Association	Cooperative			
		In addition, this committee is a Lobbyist/Registrant PAC.				
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or part committee. (i.e., nonconnected committee)				
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Join	t Func	raising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political			
	Committees Participating in Joint Fundraiser					
	1.	FEC ID number				
	2.	FEC ID number				
	3.	FEC ID number				
	4.					

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Write or Type Committee Name		
NIAC ACTION F	PAC	
	rganization, Affiliated Committee, Joint Fundraising Representative, or Lea	adership PAC Sponsor
NIAC ACTION		
Mailing Address	1629 K ST NW	
	SUITE 503  WASHINGTON DC 200	006
	CITY STATE	ZIP CODE
Relationship:  Connected  Custodian of Records: Identionship books and records.	Organization Affiliated Committee Joint Fundraising Representative tify by name, address (phone number optional) and position of the person in	Leadership PAC Sponsor
Ganjaie, Ni Full Name	lotar, , ,	
Mailing Address	1629 K ST NW	
	SUITE 503	
	WASHINGTON DC 200	006
Title or Position	CITY STATE	ZIP CODE
Deputy Director	Telephone number	-   370   7759
. <b>Treasurer:</b> List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the ssistant treasurer).	ne name and address of
Full Name Abdi, Jama of Treasurer	l, , , 	
Mailing Address	1629 K ST NW	
	SUITE 503	
	WASHINGTON DC 200	
Title or Position	CITY STATE	ZIP CODE 7759 1

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Full Name of Designated Agent Ganj	aie, Nilofar, , ,						
Mailing Address	1629 K St						
	Ste 503						
	WASHINGTON	DC 20	ZIP CODE				
Title or Position Deputy Director		ephone number 202	_ 370 _ 7759				
. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.							
Am	algamated Bank						
Mailing Address	1825 K ST NW						
	Washington	DC 20	0006				
	CITY	STATE	ZIP CODE				
Name of Bank, Depository, etc.							
L							
Mailing Address							
	CITY	STATE					